

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

ADDRESS (number and street) ▼

330 Seven Springs Way

☐ Check if different than previously reported. (ACC)

BRENTWOOD

TN

37027

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00347955

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☒ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
05 01 2015

through

M M M / D D D / Y Y Y Y Y Y  
05 31 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Penny Brake

Signature of Treasurer

Penny Brake

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
06 15 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
05 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y  
05 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2015</span>		<span style="border: 1px solid black; padding: 2px;">145180.70</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">169408.77</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">74247.50</span>	<span style="border: 1px solid black; padding: 2px;">129322.74</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">243656.27</span>	<span style="border: 1px solid black; padding: 2px;">274503.44</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">20070.54</span>	<span style="border: 1px solid black; padding: 2px;">50917.71</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">223585.73</span>	<span style="border: 1px solid black; padding: 2px;">223585.73</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Report Covering the Period:

From:

 M M / D D / Y Y Y Y  
 05 / 01 / 2015

To:

 M M / D D / Y Y Y Y  
 05 / 31 / 2015
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

66677.50

119727.25

(ii) Unitemized .....

7570.00

9595.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

74247.50

129322.25

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

74247.50

129322.25

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.49

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

74247.50

129322.74

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19)..... ▶

74247.50

129322.74

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	70.54	298.71
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	70.54	298.71
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20000.00	36500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	14119.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	20070.54	50917.71
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20070.54	50917.71

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	74247.50	129322.25
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	74247.50	129322.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	70.54	298.71
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	70.54	298.71

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 36  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Claudia Ambro**

Mailing Address 570 Church St E #618

City State Zip Code  
 Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Health

Occupation

Dir. Bus. Offc. Ops.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 28 / 2015

Transaction ID : SA11AI.9644

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. David Anderson**

Mailing Address 330 Seven Springs Way

City State Zip Code  
 Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jackson Purchase Med Ctr

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 11 / 2015

Transaction ID : SA11AI.9695

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Ian Andes**

Mailing Address 330 Seven Springs Way

City State Zip Code  
 Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Health

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 19 / 2015

Transaction ID : SA11AI.9629

Amount of Each Receipt this Period

267.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1767.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 36  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Jon Applebaum**

Mailing Address 330 Seven Springs Way

City State Zip Code  
 Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Twin County Regional Healthcar

Occupation  
 CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 07 2015

**Transaction ID : SA11AI.9752**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Deborah Armstrong**

Mailing Address 1412 Milstead Ave NE

City State Zip Code  
 Conyers GA 30012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Rockdale Med Ctr

Occupation  
 COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 07 2015

**Transaction ID : SA11AI.9653**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Mark Aschenbeck**

Mailing Address 330 Seven Springs Way

City State Zip Code  
 Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Health

Occupation  
 Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 19 2015

**Transaction ID : SA11AI.9627**

Amount of Each Receipt this Period

325.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2325.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. James Atkins**

Mailing Address 330 Seven Springs Way

City State Zip Code  
 Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rockdale

Occupation

Asst. Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 07 / 2015

**Transaction ID : SA11AI.9649**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Jessica Ayers**

Mailing Address 330 Seven Springs Way

City State Zip Code  
 Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Person Memorial

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 28 / 2015

**Transaction ID : SA11AI.9729**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Rodger Baker**

Mailing Address 330 Seven Springs Way

City State Zip Code  
 Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Health

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 08 / 2015

**Transaction ID : SA11AI.9749**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Bob Barrett**

Mailing Address 244 McGuire Lane

City State Zip Code  
 Cedar Bluff VA 24609

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Clinch Valley Med Ctr

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 28 / 2015

**Transaction ID : SA11AI.9723**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Sonya Bass**

Mailing Address 330 Seven Springs Way

City State Zip Code  
 Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Colorado Plains

Occupation

CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 11 / 2015

**Transaction ID : SA11AI.9771**

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

**C. Pam Belcher**

Mailing Address 4217 Cecil Court South

City State Zip Code  
 Nashville TN 37207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Health

Occupation

VP Org Dev & Recruiting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 28 / 2015

**Transaction ID : SA11AI.9630**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2350.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

### A. Greg Bengston

Mailing Address 330 Seven Springs Way

City State Zip Code  
Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Health

Occupation

COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 08 / 2015

Transaction ID : SA11AI.9750

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

### B. James Bills

Mailing Address 204 Timber Ridge Dr

City State Zip Code  
Beckley WV 25801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Raleigh General

Occupation

COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 11 / 2015

Transaction ID : SA11AI.9700

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

### C. Beth Blankenship

Mailing Address 8870 Big Springs Rd

City State Zip Code  
Christiana TN 37037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Health

Occupation

Legal Dept

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 08 / 2015

Transaction ID : SA11AI.9596

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 11 OF 36

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

**A. Arnita Brooks**

Mailing Address 330 Seven Springs Way

City State Zip Code  
Brentwood TN 37027

FEC ID number of contributing federal political committee.

C

Name of Employer

Lifepoint Health

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 19 / 2015

Transaction ID : SA11AI.9623

Amount of Each Receipt this Period

360.00

Full Name (Last, First, Middle Initial)

**B. Rosemary Brown**

Mailing Address 330 Seven Springs Way

City State Zip Code  
Brentwood TN 37027

FEC ID number of contributing federal political committee.

C

Name of Employer

LifePoint Health

Occupation

Associate CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 13 / 2015

Transaction ID : SA11AI.9609

Amount of Each Receipt this Period

550.00

Full Name (Last, First, Middle Initial)

**C. Cindy Buck**

Mailing Address 330 Seven Springs Way

City State Zip Code  
Brentwood TN 37027

FEC ID number of contributing federal political committee.

C

Name of Employer

Rutherford Regional

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 14 / 2015

Transaction ID : SA11AI.9731

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1910.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 36

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Fred Capozello**

Mailing Address 330 Seven Springs Way

City

Brentwood

State

TN

Zip Code

37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Valley View

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 14 / 2015

Transaction ID : SA11AI.9765

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. William Carpenter**

Mailing Address 4005 Newman Place

City

Nashville

State

TN

Zip Code

37204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Health

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

05 / 19 / 2015

Transaction ID : SA11AI.9628

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Anne Challis**

Mailing Address 116 Saratoga Blvd

City

Hendersonville

State

TN

Zip Code

37075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Health

Occupation

DCNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 28 / 2015

Transaction ID : SA11AI.9639

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

6500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 13 OF 36  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Andrea Cleeton**

Mailing Address 330 Seven Springs Way

City State Zip Code  
 Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Health

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 08 / 2015

Transaction ID : SA11AI.9595

Amount of Each Receipt this Period

700.00

Full Name (Last, First, Middle Initial)

**B. Ben Cluff**

Mailing Address 330 Seven Springs Way

City State Zip Code  
 Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Health

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 07 / 2015

Transaction ID : SA11AI.9821

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Jennifer Coello**

Mailing Address 330 Seven Springs Way

City State Zip Code  
 Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Health

Occupation

COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 08 / 2015

Transaction ID : SA11AI.9742

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 36  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. William Dark**

Mailing Address 330 Seven Springs Way

City State Zip Code  
 Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Health

Occupation

Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 08 / 2015

**Transaction ID : SA11AI.9594**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Ann Debooy**

Mailing Address 9845 Hardrock Road

City State Zip Code  
 Las Cruces NM 88011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Memorial Medical Center

Occupation

RN - CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 11 / 2015

**Transaction ID : SA11AI.9806**

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**C. Conrad Deese**

Mailing Address 330 Seven Springs Way

City State Zip Code  
 Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lifepoint Health

Occupation

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 11 / 2015

**Transaction ID : SA11AI.9598**

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. David Dill**

Mailing Address 330 Seven Springs Way

City State Zip Code  
 Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Health

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY  
 05 / 28 / 2015

Transaction ID : SA11AI.9640

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. Angela Doan**

Mailing Address 330 Seven Springs Way

City State Zip Code  
 Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Scott Memorial Hospital

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

MM / DD / YYYY  
 05 / 08 / 2015

Transaction ID : SA11AI.9660

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**C. Michael Everett**

Mailing Address 102 N Starview Drive

City State Zip Code  
 Somerset KY 42508

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lake Cumberland

Occupation

COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
 05 / 08 / 2015

Transaction ID : SA11AI.9659

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 36  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. George Farrell**

Mailing Address 330 Seven Springs Way

City State Zip Code  
 Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wythe County Community

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 14 / 2015

**Transaction ID : SA11AI.9753**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Theresa Fite**

Mailing Address 330 Seven Springs Way

City State Zip Code  
 Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Meadowview Regional

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 13 / 2015

**Transaction ID : SA11AI.9706**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**C. Donald Gavin II**

Mailing Address 1967 Alf Harris Road

City State Zip Code  
 Prospect TN 38477

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hillside

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 19 / 2015

**Transaction ID : SA11AI.9715**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

2000.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 17 OF 36  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Lisa Gillespie**

Mailing Address 4600 Gin Plantation Drive

City State Zip Code  
 Snellville GA 30039

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rockdale Med Ctr

Occupation

CMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 07 / 2015

**Transaction ID : SA11AI.9658**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Kathy Hamrick**

Mailing Address 330 Seven Springs Way

City State Zip Code  
 Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southern TN

Occupation

CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 08 / 2015

**Transaction ID : SA11AI.9718**

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**C. Paul Hannah**

Mailing Address 8202 Foxview Court

City State Zip Code  
 Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Health

Occupation

SVP Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 13 / 2015

**Transaction ID : SA11AI.9611**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1650.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 18 OF 36  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

## **A. Timothy Harclerode**

Mailing Address 101 Fawn Circle

City State Zip Code  
Bluefield VA 24605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Clinch Valley Med Ctr

Occupation

CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 19 / 2015

**Transaction ID : SA11AI.9725**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

## **B. Rod Harkleroad**

Mailing Address 330 Seven Springs Way

City State Zip Code  
Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Riverview Regional

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 14 / 2015

**Transaction ID : SA11AI.9712**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. John Harris**

Mailing Address 330 Seven Springs Way

City State Zip Code  
Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Health

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 11 / 2015

**Transaction ID : SA11AI.9813**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

## **A. Tizgel High**

Mailing Address 330 Seven Springs Way

City State Zip Code  
Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Health

Occupation

Sr Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 14 / 2015

Transaction ID : SA11AI.9604

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

## **B. Josh Hopson**

Mailing Address 330 Seven Springs Way

City State Zip Code  
Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Health

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 11 / 2015

Transaction ID : SA11AI.9597

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **c. J. Gregory Hostettler**

Mailing Address 432 Cotton Lane

City State Zip Code  
Franklin TN 37069

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Health

Occupation

VP Materials Management

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 28 / 2015

Transaction ID : SA11AI.9636

Amount of Each Receipt this Period

2000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2550.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

## **A. Diane Huggins**

Mailing Address 86 Blue Ridge Trace

City

Hendersonville

State

TN

Zip Code

37075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Health

Occupation

VP of Corp. Communications

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

05 / 19 / 2015

Transaction ID : SA11AI.9622

Amount of Each Receipt this Period

825.00

Full Name (Last, First, Middle Initial)

## **B. Linda Hunter**

Mailing Address 351 Meadowcrest Drive

City

Somerset

State

KY

Zip Code

42503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LCRH

Occupation

Department Manager Rehab/SCU RN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 14 / 2015

Transaction ID : SA11AI.9711

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Feliciano Jiron**

Mailing Address 330 Seven Springs Way

City

Brentwood

State

TN

Zip Code

37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Los Alamos Medical Center

Occupation

CEO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 07 / 2015

Transaction ID : SA11AI.9802

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2325.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Anetra Jones**

Mailing Address 330 Seven Springs Way

City State Zip Code  
 Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WestCare Health

Occupation

CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 19 / 2015

**Transaction ID : SA11AI.9733**

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**B. John Jones**

Mailing Address 330 Seven Springs Way

City State Zip Code  
 Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Health

Occupation

CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 11 / 2015

**Transaction ID : SA11AI.9699**

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**C. Mary Kiger**

Mailing Address 330 Seven Springs Way

City State Zip Code  
 Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lifepoint Health

Occupation

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 07 / 2015

**Transaction ID : SA11AI.9581**

Amount of Each Receipt this Period

625.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1425.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Susan Kill**

Mailing Address 330 Seven Springs Way

City State Zip Code  
 Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rockdale Medical Center

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 07 / 2015

Transaction ID : SA11AI.9654

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Kelly Kirchhoff**

Mailing Address 330 Seven Springs Way

City State Zip Code  
 Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lifepoint Health

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

05 / 14 / 2015

Transaction ID : SA11AI.9605

Amount of Each Receipt this Period

320.00

Full Name (Last, First, Middle Initial)

**C. Chad Labrum**

Mailing Address 398 S. 3130 W.

City State Zip Code  
 Vernal UT 84078

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ashley Regional

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

05 / 07 / 2015

Transaction ID : SA11AI.9820

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1320.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Alene Lewis**

Mailing Address 330 Seven Springs Way

City State Zip Code  
Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Health

Occupation

CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 11 / 2015

Transaction ID : SA11AI.9724

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**B. Karen Lund**

Mailing Address 330 Seven Springs Way

City State Zip Code  
Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SageWest Health

Occupation

CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 07 / 2015

Transaction ID : SA11AI.9817

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Susan Mahoney**

Mailing Address 330 Seven Springs Way

City State Zip Code  
Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Meadowview Regional

Occupation

CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 13 / 2015

Transaction ID : SA11AI.9708

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Rob Marshall**

Mailing Address 330 Seven Springs Way

City State Zip Code  
Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bolivar Medical

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 19 / 2015

**Transaction ID : SA11AI.9798**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Thomas Meyer**

Mailing Address 330 Seven Springs Way

City State Zip Code  
Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lifepoint Health

Occupation

Sr Dir

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 08 / 2015

**Transaction ID : SA11AI.9587**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Peter M. Mulkey**

Mailing Address 686 Grace Street

City State Zip Code  
Pounding Mill VA 24637

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Clinch Valley Medical Center

Occupation

Assistant Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 14 / 2015

**Transaction ID : SA11AI.9748**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2350.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Leif Murphy**

Mailing Address 330 Seven Springs Way

City State Zip Code  
 Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Health

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 28 / 2015

**Transaction ID : SA11AI.9643**

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. Jeff Noblin**

Mailing Address 419 Weakley Creek Rd

City State Zip Code  
 Lawrenceburg TN 38464

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Crockett Hospital

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 07 / 2015

**Transaction ID : SA11AI.9714**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Thomas O'Dell**

Mailing Address 1024 Cobbler Ct.

City State Zip Code  
 Nashville TN 37221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Health

Occupation

VP Capital Asset & Const. Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 19 / 2015

**Transaction ID : SA11AI.9626**

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Gene O'Hara**

Mailing Address 330 Seven Springs Way

City State Zip Code  
 Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Colorado Plains

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
 05 / 11 / 2015

**Transaction ID : SA11AI.9769**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dale Olson**

Mailing Address 330 Seven Springs Way

City State Zip Code  
 Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Health

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY  
 05 / 11 / 2015

**Transaction ID : SA11AI.9807**

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**C. Summer Owen**

Mailing Address 330 Seven Springs Way

City State Zip Code  
 Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Health

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

MM / DD / YYYY  
 05 / 11 / 2015

**Transaction ID : SA11AI.9767**

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Robert Parker**

Mailing Address 209 Richwood Drive

City

Somerset

State

KY

Zip Code

42503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lake Cumberland Regional

Occupation

COO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 13 / 2015

Transaction ID : SA11AI.9709

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Vicki Parks**

Mailing Address 330 Seven Springs Way

City

Brentwood

State

TN

Zip Code

37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Health

Occupation

CFO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

05 / 11 / 2015

Transaction ID : SA11AI.9696

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**C. Thomas Pezanosky Jr.**

Mailing Address 1192 McCoury Lane

City

Spring Hill

State

TN

Zip Code

37174

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Health

Occupation

Reimbursement Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 28 / 2015

Transaction ID : SA11AI.9631

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

## **A. Roxana Pool**

Mailing Address 401 N. High Street

City State Zip Code  
 Winchester TN 37398

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Clinch Valley

Occupation

CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 07 / 2015

**Transaction ID : SA11AI.9580**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Mark Poppell**

Mailing Address 1615 Championship Blvd

City State Zip Code  
 Franklin TN 37064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Health

Occupation

VP Reimbursement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 28 / 2015

**Transaction ID : SA11AI.9646**

Amount of Each Receipt this Period

1200.00

Full Name (Last, First, Middle Initial)

## **C. Eleanor Post**

Mailing Address 330 Seven Springs Way

City State Zip Code  
 Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rockdale Medical Center

Occupation

CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 07 / 2015

**Transaction ID : SA11AI.9656**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

## **A. Trenton Poynter**

Mailing Address 330 Seven Springs Way

City State Zip Code  
Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lifepoint Health

Occupation

Associate General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 19 / 2015

Transaction ID : SA11AI.9619

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

## **B. Tina Qualls**

Mailing Address 435 Drifting Circle

City State Zip Code  
Lebanon TN 37087

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Health

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 08 / 2015

Transaction ID : SA11AI.9591

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

## **C. Sharon Radcliffe**

Mailing Address 330 Seven Springs Way

City State Zip Code  
Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Havasu Regional

Occupation

Asst CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 11 / 2015

Transaction ID : SA11AI.9761

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

925.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Katy Reeves**

Mailing Address 330 Seven Springs Way

City State Zip Code  
 Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Health

Occupation

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 08 / 2015

**Transaction ID : SA11AI.9751**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Phillip Rivera**

Mailing Address 2450 S Telshor Blvd

City State Zip Code  
 Las Cruces NM 88011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Memorial Medical Center

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 11 / 2015

**Transaction ID : SA11AI.9816**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**C. Steven Ruwoldt**

Mailing Address 330 Seven Springs Way

City State Zip Code  
 Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePOint Health

Occupation

COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 11 / 2015

**Transaction ID : SA11AI.9809**

Amount of Each Receipt this Period

800.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Bruce D. San Filippo**

Mailing Address 4326 Winchester

City State Zip Code  
Las Cruces NM 88011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Memorial Medical Center

Occupation  
CMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 11 / 2015

**Transaction ID : SA11AI.9808**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Cherie Sibley**

Mailing Address 3 Wilkins Road

City State Zip Code  
Selma AL 36701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Vaughan Regional Med Ctr

Occupation  
CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

710.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 08 / 2015

**Transaction ID : SA11AI.9670**

Amount of Each Receipt this Period

710.00

Full Name (Last, First, Middle Initial)

**C. Brian Sinotte**

Mailing Address 330 Seven Springs Way

City State Zip Code  
Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Maria Parham Medical Ctr

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 19 / 2015

**Transaction ID : SA11AI.9726**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1960.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Shirley Smith**

Mailing Address Rt 5 Box 208AA

City State Zip Code  
Andalusia AL 36420

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Andalusia Regional Hospital

Occupation  
CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 28 / 2015

Transaction ID : SA11AI.9755

Amount of Each Receipt this Period

700.00

Full Name (Last, First, Middle Initial)

**B. Lucretia Stargell**

Mailing Address 330 Seven Springs Way

City State Zip Code  
Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WestCare Health System

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 28 / 2015

Transaction ID : SA11AI.9735

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Candie Starr**

Mailing Address 330 Seven Springs Way

City State Zip Code  
Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STRHS-Winchester

Occupation  
COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 08 / 2015

Transaction ID : SA11AI.9716

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1200.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

## **A. Chip Staton**

Mailing Address 330 Seven Springs Way

City State Zip Code  
Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lifepoint Health

Occupation

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1170.00

Date of Receipt

05 / 11 / 2015

Transaction ID : SA11AI.9600

Amount of Each Receipt this Period

1170.00

Full Name (Last, First, Middle Initial)

## **B. Daniel Sykes**

Mailing Address 2285 Mark Ct

City State Zip Code  
Franklin TN 37067

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Health

Occupation

COO Phys. Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 07 / 2015

Transaction ID : SA11AI.9579

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Denise Thomas**

Mailing Address 255 N. Spalding Ave.

City State Zip Code  
Lebanon KY 40033

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Spring View Hospital

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

05 / 14 / 2015

Transaction ID : SA11AI.9710

Amount of Each Receipt this Period

700.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2370.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 34 OF 36

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Arunas Vanagunas**

Mailing Address 890 Rodney Drive

City

Nashville

State

TN

Zip Code

37205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Health

Occupation

Dir. Materials Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 19 / 2015

Transaction ID : SA11AI.9614

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Jonathan Wall**

Mailing Address 8309 Trading Post Ct.

City

Nashville

State

TN

Zip Code

37221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lifepoint Health

Occupation

Division CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

05 / 28 / 2015

Transaction ID : SA11AI.9645

Amount of Each Receipt this Period

1750.00

Full Name (Last, First, Middle Initial)

**C. Kathleen Winn**

Mailing Address 330 Seven Springs Way

City

Brentwood

State

TN

Zip Code

37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lifepoint Health

Occupation

Vp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

05 / 28 / 2015

Transaction ID : SA11AI.9632

Amount of Each Receipt this Period

650.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2700.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 36  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Phillip Young**

Mailing Address 111 Duncan

City State Zip Code  
 Winchester TX 37398

FEC ID number of contributing  
federal political committee.

C

Name of Employer

STMC/EHH

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 08 2015

Transaction ID : SA11AI.9719

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

66677.50

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 36 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. BENNET FOR COLORADO**

Mailing Address PO BOX 3078

City	State	Zip Code
DENVER	CO	80201

Purpose of Disbursement  
fund raiser

Candidate Name

**MICHAEL F BENNET**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CO District: 00

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2015

**Transaction ID : SB23.9571**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. NRSC**

Mailing Address 425 2ND STREET NE

City	State	Zip Code
WASHINGTON	DC	20002

Purpose of Disbursement  
fund raiser

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2015

**Transaction ID : SB23.9575**

Amount of Each Disbursement this Period

10000.00
----------

Full Name (Last, First, Middle Initial)

**C. WYDEN FOR SENATE**

Mailing Address 232 NE 9TH AVENUE

City	State	Zip Code
PORTLAND	OR	97232

Purpose of Disbursement  
fund raiser

Candidate Name

**RONALD LEE WYDEN**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: OR District: 00

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2015

**Transaction ID : SB23.9577**

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

20000.00
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20000.00
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